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|   |                      |                                     |
|---|----------------------|-------------------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/505,335                          |
|   | Filing Date          | 10/18/2002                          |
|   | First Named Inventor | GUAY, Etienne                       |
|   | Art Unit             | Unknown                             |
|   | Examiner Name        | Unknown                             |
| Total Number of Pages in This Submission  | 22                   | Attorney Docket Number 200301210US2 |

| ENCLOSURES (Check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <b>Remarks</b><br>-Credit Card Form<br>-Copy of Notification of Missing Requirements Under 35 U.S.C.371<br>-Recordation Form Cover Sheet<br>-Worldwide Assignment<br>-Declaration For Utility Patent Application (37 CFR 1.63)<br>-Request to Change Attorney Docket Number   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                       |          |        |
|--|---------------------------------------|----------|--------|
| Firm Name                                  | Bombardier Recreational Products Inc. |          |        |
| Signature                                  |                                       |          |        |
| Printed name                               | Jonathan D. Cutler                    |          |        |
| Date                                       | May 16, 2005                          | Reg. No. | 40,578 |

| CERTIFICATE OF TRANSMISSION/MAILING   |               |      |              |
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| Signature   |               |      |              |
| Typed or printed name   | SOFIA AGUILAR | Date | May 16, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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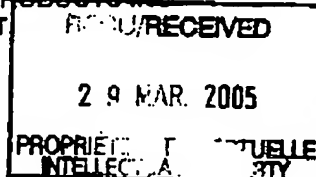


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| U.S. APPLICATION NUMBER NO. | FIRST NAMED APPLICANT | ATTY. DOCKET NO. |
|-----------------------------|-----------------------|------------------|
| 10/505,335                  | Etienne Guay          | 200301210US1     |

28735  
BOMBARDIER RECREATIONAL PRODUCTS INC  
INTELLECTUAL PROPERTY DEPT  
PO BOX 230  
NORTON, VT 05907-0230



| INTERNATIONAL APPLICATION NO. |               |
|-------------------------------|---------------|
| PCT/CA02/01565                |               |
| LA. FILING DATE               | PRIORITY DATE |
| 10/18/2002                    | 02/22/2002    |

CONFIRMATION NO. 3769  
371 FORMALITIES LETTER



Date Mailed: 03/16/2005

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 08/23/2004
- Copy of the International Search Report filed on 08/23/2004
- Preliminary Amendments filed on 08/23/2004
- Request for Immediate Examination filed on 08/23/2004
- U.S. Basic National Fees filed on 08/23/2004
- Priority Documents filed on 08/23/2004

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MAY 16 2005

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the international application number and international filing date.
- \$130 Surcharge for providing the oath or declaration later than 30 months from the priority date (37 CFR 1.492(e)) is required.

#### SUMMARY OF FEES DUE:

Total additional fees required for this application is \$130 for a Large Entity:

- \$130 Late oath or declaration Surcharge.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

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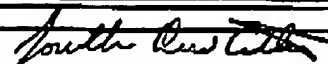
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|   |  |                                       |                                     |
|---|--|---------------------------------------|-------------------------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Completes if Known</b>             |                                     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number<br>10/505,335      | Filing Date<br>10/18/2002           |
| TOTAL AMOUNT OF PAYMENT (\$) 170  |  | First Named Inventor<br>GUAY, Etienne | Examiner Name<br>Unknown            |
|   |  | Art Unit<br>Unknown                   | Attorney Docket No.<br>200301210US2 |

| <b>METHOD OF PAYMENT (check all that apply)</b>  |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
|--|--------------------------|---|------------------------------|---------|-----|-----|--------|-----|-----|-------|-----|-----|---------|-----|-----|-------------|-----|-----|---|----------|-----------------------|-----|-----|-----|----|-----|-----|-----|-----|---|---|---|----------|-----------------------|-----|-----|-----|----|-----|----|-----|-----|---|---|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____  |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502973 Deposit Account Name: Bombardier Rec. Prod. Inc.  |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <input type="checkbox"/> Charge fee(s) indicated below   |                          | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   |                          | <input checked="" type="checkbox"/> Credit any overpayments                       |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>FEE CALCULATION</b>   |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>   |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>FILING FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </table> | Application Type         | Fee (\$)  | Small Entity Fee (\$)        | Utility | 300 | 150 | Design | 200 | 100 | Plant | 200 | 100 | Reissue | 300 | 150 | Provisional | 200 | 100 | <b>SEARCH FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>100</td> <td>50</td> </tr> <tr> <td>300</td> <td>150</td> </tr> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table> | Fee (\$) | Small Entity Fee (\$) | 500 | 250 | 100 | 50 | 300 | 150 | 500 | 250 | 0 | 0 | <b>EXAMINATION FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>130</td> <td>65</td> </tr> <tr> <td>160</td> <td>80</td> </tr> <tr> <td>600</td> <td>300</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table> | Fee (\$) | Small Entity Fee (\$) | 200 | 100 | 130 | 65 | 160 | 80 | 600 | 300 | 0 | 0 | <b>Fees Paid (\$)</b><br>\$0<br>\$0<br>\$0<br>\$0<br>\$0 |
| Application Type   | Fee (\$)                 | Small Entity Fee (\$)   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Utility  | 300                      | 150   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Design   | 200                      | 100   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Plant  | 200                      | 100   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Reissue  | 300                      | 150   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Provisional  | 200                      | 100   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Fee (\$)   | Small Entity Fee (\$)    |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 500  | 250                      |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 100  | 50                       |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 300  | 150                      |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 500  | 250                      |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 0  | 0                        |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Fee (\$)   | Small Entity Fee (\$)    |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 200  | 100                      |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 130  | 65                       |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 160  | 80                       |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 600  | 300                      |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| 0  | 0                        |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>2. EXCESS CLAIM FEES</b>  |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>Fee Description</b>   |                          | <b>Fee (\$)</b>   | <b>Small Entity Fee (\$)</b> |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Each claim over 20 (including Reissues)  |                          | 50  | 25                           |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Each independent claim over 3 (including Reissues)   |                          | 200   | 100                          |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Multiple dependent claims  |                          | 360   | 180                          |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>Total Claims</b><br>- 20 or HP = 0 x \$0 = \$0  |                          | <b>Multiple Dependent Claims</b><br>Fee (\$): \$0 Fee Paid (\$): \$0              |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| HP = highest number of total claims paid for, if greater than 20.<br><b>Indep. Claims</b><br>- 3 or HP = 0 x \$0 = \$0   |                          | Fee Paid (\$): \$0  |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| HP = highest number of independent claims paid for, if greater than 3.   |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>3. APPLICATION SIZE FEE</b>   |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>Total Sheets</b><br>0 - 100 = 0 / 50 = 0.0 (round up to a whole number) x   | <b>Extra Sheets</b><br>0 | <b>Fee (\$)</b><br>\$250  | <b>Fee Paid (\$)</b><br>\$0  |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| <b>4. OTHER FEE(S)</b>   |                          |   |                              |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                          |   | <b>Fees Paid (\$)</b>        |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |
| Other (e.g., late filing surcharge): Late Fee Oath Surcharge (130\$), Assignment (40\$)  |                          |   | \$170                        |         |     |     |        |     |     |       |     |     |         |     |     |             |     |     |   |          |                       |     |     |     |    |     |     |     |     |   |   |   |          |                       |     |     |     |    |     |    |     |     |   |   |  |

|  |                            |                        |  |
|--|----------------------------|------------------------|--|
| <b>SUBMITTED BY</b>  |                            |                        |  |
| Signature<br> | Registration No.<br>40,576 | Telephone 514-732-7050 |  |
| Name (Print/Type)<br>Jonathan D. Cutler  | Date<br>May 16, 2005       |                        |  |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

TAMALA D HOLLAND

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**PART 1 - ATTORNEY/APPLICANT COPY**

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/505,335                  | PCT/CA02/01565                | 200301210US1     |

FORM PCT/DO/EO/805 (371 Formalities Notice)

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|                         |               |
|-------------------------|---------------|
| Patent Number:          | Unknown       |
| Issue Date:             | Unknown       |
| Application Number:     | 10/505,335    |
| Filing Date:            | 10/18/2002    |
| First Named Inventor:   | GUAY, Etienne |
| Attorney Docket Number: | 200301210US1  |

Sir:

Please change the Attorney Docket Number in the records of the USPTO to read:  
200301210US2

Respectfully Submitted,

Jonathan D. CUTLER  
Reg. No. 40,576

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